

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied.  AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

PLACE OF DEATH

County Vernon  
Township Deerfield  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 874 File No. 29517

Primary Registration District No. 6152B Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in hospital or institution, give its NAME instead of street and number)

FULL NAME Miss Bettie Mae Downey

**PERSONAL AND STATISTICAL PARTICULARS**

**5 MEDICAL CERTIFICATE OF DEATH**

SEX Female COLOR OF RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF DEATH August 27, 1910  
(Month) (Day) (Year)

DATE OF BIRTH June 18, 1859  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 25<sup>th</sup>, 1910, to Aug 27<sup>th</sup>, 1910, that I last saw her alive on Aug 27<sup>th</sup>, 1910, and that death occurred, on the date stated above, at 10 P.m.

AGE 51 yrs. 2 mos. 9 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Hypostatic Pneumonia, incident to Chronic Stomach & Liver disease, presumably of malignant nature  
(Duration) yrs. 10 mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

Contributory Hydropicardium & Anasarca  
(SECONDARY) (Duration) yrs. 4 mos. ds.

BIRTHPLACE (City or town, State or foreign country) Garrod County Ky.

(Signed) Robert Buchanan M. D.  
Aug 31, 1910 (Address) Nevada Mo.

PARENTS NAME OF FATHER H.H. Ware

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Garrod Co. Ky.

MAIDEN NAME OF MOTHER Nancy Storms

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Garrod Co. Ky.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Informant) Matthew Downey

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

(ADDRESS) Advanced Mo.

PLACE OF BURIAL OR REMOVAL Jewel Cemetery DATE OF BURIAL Aug 28, 1910

Filed Sept 8, 1910 O. Parrington REGISTRAR

UNDERTAKER John Donaldson ADDRESS Mammoth Mo.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the question-line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business, industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. If material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manacery," "Dealer," etc., without more precise specification, as *laborer, Farm laborer, Laborer—Coal mine*, etc. When at home, who are engaged in the duties of the housekeeper, only (not paid *Housekeepers* who receive a definite salary, as may be entered as *Housewife, Housework, or At home*, etc. children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *use-vant, Cook, Housemaid*, etc. If the occupation has changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated by *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of the meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, etc.

etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgi al operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

